

# UNITED STATES INTERNATIONAL TRADE COMMISSION

## SUMMARY VOTING SHEET FOR RESPONSE ADEQUACY AND EXPEDITED OR FULL FIVE-YEAR REVIEW

<b>Subject</b>  <i>Synthetic Methionine from Japan Investigation No AA1921-115 (Review)</i>	<b>Reference Information</b>  Control No. INV-98-506
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Individual Responses (A = Adequate, I = Inadequate)	Bragg	Miller	Crawford	Hillman	Koplan	Askey	Commis- sion
<b>Domestic (U.S. Producers)</b>							
Degussa Corp.	<input type="checkbox"/> A	<input type="checkbox"/> A	<input type="checkbox"/> A	<input type="checkbox"/> A	<input type="checkbox"/> A	<input type="checkbox"/> A	<input type="checkbox"/> A
NOVUS International, Inc.	<input type="checkbox"/> A	<input type="checkbox"/> A	<input type="checkbox"/> A	<input type="checkbox"/> A	<input type="checkbox"/> A	<input type="checkbox"/> A	<input type="checkbox"/> A
Rhone-Poulenc Animal Nutrition	<input type="checkbox"/> A	<input type="checkbox"/> A	<input type="checkbox"/> A	<input type="checkbox"/> A	<input type="checkbox"/> A	<input type="checkbox"/> A	<input type="checkbox"/> A
<b>Respondent (Foreign Producers/Exporters)</b>							
Sumitomo Chemical Co.	<input type="checkbox"/> A	<input type="checkbox"/> A	<input type="checkbox"/> A	<input type="checkbox"/> A	<input type="checkbox"/> A	<input type="checkbox"/> A	<input type="checkbox"/> A
<b>Group Responses</b> (A = Adequate, I = Inadequate)	<b>Bragg</b>	<b>Miller</b>	<b>Crawford</b>	<b>Hillman</b>	<b>Koplan</b>	<b>Askey</b>	<b>Commis- sion</b>
DOMESTIC	<input type="checkbox"/> A	<input type="checkbox"/> A	<input type="checkbox"/> A	<input type="checkbox"/> A	<input type="checkbox"/> A	<input type="checkbox"/> A	<input type="checkbox"/> A
RESPONDENT	<input type="checkbox"/> A	<input type="checkbox"/> A	<input type="checkbox"/> A	<input type="checkbox"/> A	<input type="checkbox"/> A	<input type="checkbox"/> A	<input type="checkbox"/> A
<b>Expedited or Full Review</b>	<b>Bragg</b>	<b>Miller</b>	<b>Crawford</b>	<b>Hillman</b>	<b>Koplan</b>	<b>Askey</b>	<b>Commis- sion</b>
EXPEDITED: DOMESTIC GROUP INADEQUATE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EXPEDITED: RESPONDENT GROUP INADEQUATE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FULL	<input checked="" type="checkbox"/> X	<input checked="" type="checkbox"/> X	<input checked="" type="checkbox"/> X	<input checked="" type="checkbox"/> X	<input checked="" type="checkbox"/> X	<input checked="" type="checkbox"/> X	<input checked="" type="checkbox"/> X

### SECRETARY'S CERTIFICATION OF COMMISSION ACTION

  
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 Secretary

Date

11/5/98